



# DEAFESTIVAL – KENTUCKY

## Performers Application

Louisville, Kentucky - September 5, 2004

SpotLights Main Stage performances will be held in the Bomhart Theater of the Kentucky Center, and the Children's and Culture & Traditions programs will be held on the Belvedere adjacent to the Kentucky Center.

Interested Performers must complete this application prior to the July 30, 2004 deadline. Performers are selected based on talent and uniqueness of the performance. All applications must be accompanied by a videotape of the performance or a written proposal describing the performance. Please indicate which program you wish to perform in (Children's, SpotLights or Culture & Traditions).

DEADLINE July 30, 2004 Completed application <u>plus</u> ; Photos of work or URL; short bio of artist; and camera ready photograph.	Children's Stage	SpotLights	Culture and Traditions
	Sunday 9/5/04 10:00 am - 3:00 pm	Sunday 9/5/04 12:30 am - 6:00 pm	Sunday 9/5/04 10:00 pm - 4:00 pm

**Please PRINT clearly:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email Address(es) (Include a pager address if you have one): \_\_\_\_\_

CAM / IP \_\_\_\_\_

Name of person(s) performing other than yourself: \_\_\_\_\_

### Name of Performance/Performance Group

Print the information exactly as you wish it to appear in the program book:

NAME: \_\_\_\_\_ Description (Include a video tape, or photos  
describing your talent and length of performance): \_\_\_\_\_

### PERFORMER'S AGREEMENT:

The undersigned hereby applies to perform at DeaFestival - Kentucky on September 5, 2004. The undersigned agrees to negotiate with DeaFestival - Kentucky and, upon acceptance by both parties, a contract and invoice will be mailed for signature and return to KCDHH by August 15, 2004

### Cancellation of Performer's Agreement:

Performers that wish to cancel this contract must notify KCDHH in writing prior to July 30, 2004.

\_\_\_\_\_  
(Signature of Performer)

\_\_\_\_\_  
(Date)

DeaFestival-Kentucky Signature \_\_\_\_\_ Date: \_\_\_\_\_ Stage \_\_\_\_\_

**Mail completed application to: KCDHH**

c/o Rowena Holloway  
632 Versailles Road  
Frankfort, Kentucky 40601

**For more information go to:** [www.deafestival.org](http://www.deafestival.org) or [www.kcdhh.ky.gov](http://www.kcdhh.ky.gov)